Foster Family Home - Corrective Action Report

Provider ID:

1-527260

Home Name:

Cesar Comiso, CNA

Review ID:

1-527260-5

91-951 Puhikani Street

Reviewer:

Lisa Johnson

Ewa Beach

1 96706

Begin Date:

4/10/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 4/10/19.

Home is in compliance with all requirements.

Compliance Manager

Conve

Primary Care Giver

410/2019

4/10/19 Date